VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

June 4, 2012

Ms. Jeanne Schmelzenbach, Administrator
Loretto Home
59 Meadow Street
Rutland, VT 05701-3994

Provider #: 0138

Dear Ms. Schmelzenbach:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **April 18, 2012.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure

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Division of
MAY 25 12
Licensing and Protection
PRINTED: 05/03/2012
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0138	A. BUILDING _____ B. WING _____	C 04/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LORETTO HOME	59 MEADOW STREET RUTLAND, VT 05701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite state re-licensing survey and complaint survey were conducted by the Division of Licensing & Protection between the dates of 4/17/12 and 4/18/12. Findings include:	R100		
R116 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.b Emergency Discharge or Transfer of Residents (1) An emergency discharge or transfer may be made with less than thirty (30) days notice under the following circumstances: i. The resident's attending physician documents in the resident's record that the discharge or transfer is an emergency measure necessary for the health and safety of the resident or other residents; or ii. A natural disaster or emergency necessitates the evacuation of residents from the home; or iii. The resident presents an immediate threat to the health or safety of self or others. In that case, the licensee shall request permission from the licensing agency to discharge or transfer the resident immediately. Permission from the licensing agency is not necessary when the immediate threat requires intervention of the police, mental health crisis personnel, or emergency medical services personnel who render the professional judgement that discharge or transfer must occur immediately. In such cases, the licensing agency shall be notified on the next business day; or	R116	**R116** **The discrepancy regarding the care plan as it relates to Resident #2's drinking behaviors has been reviewed by the administrator with the DON on 5/4/12. In an effort to improve our care plans, additional part-time RN time has been authorized by the Administrator effective 4/30/12 to ensure all care plans are properly prepared and followed by staff.** **The Loretto Home will document clearly on the nurses notes and on the care plan as to what an immediate threat is and/or how a behavior is considered as endangering staff or other residents. Effective 5/4/12 the Administrator will insure that if future emergency discharges or transfers should occur, the Loretto Home will obtain permission from the licensing agency or in circumstances described in 5.3 b I iv prior to the discharge/transfer.**	

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R116	Continued From page 1 iv. When ordered or permitted by a court. This REQUIREMENT is not met as evidenced by: Based on interview and record review, Resident #2 had an improper emergency transfer for the health and safety of the resident and/or other residents. Findings include: 1. Per interview on 04/16/12 at 10:00 AM, Resident #2 stated that after the evening medication on 07/14/11 s/he was outside having a cigarette at approximately 9 - 9:30 PM. S/he stated "I was mad over a prior incident and I started swearing saying, I don't like this {and that}and nobody better be knocking on my door tonight, they better let me alone." The resident went inside and went to bed and then stated, "I was taken out of the home by 2 police officers... I was in my room sleeping and they knocked on my door and asked me to leave, they took me to the station and said that I could sleep there... it was a fearful night and I felt as if my life was in danger." The resident denied that s/he was being threatening to other residents, staff or potentially harming his/her self. S/he admits that although 'swearing would not hurt anyone', it 'never did, never would'. The resident confirmed that there were other staff nearby that probably heard this, but it was not directed at any individual, stating, "I was just blowing off steam". The resident stated that s/he returned to the facility the next day and decided to move out of the facility, "where I could get better help and care." The resident left 25 days later on 08/03/12. Per review of a witness report dated 7/14/11 s/he states the 'resident called (this) writer on the phone, stated if the night charge nurse came anywhere near [the] room or opened [the] door	R116		

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R116	Continued From page 2 [the resident] was going to throw something at her and hit him/her'. The resident smelled of alcohol and was verbally swearing and calling the charge person names. The Director of Nursing (DON) was notified, the writer was told to call police and have the resident removed from the property. The police arrived at 10:35 PM, they spoke to the DON who asked to have the resident removed. Police officers said they can 'remove him' but they can't 'stop him coming back'. Per a physician letter dated 07/15/11 sent to Resident # 2 states: 'Dear {resident's first name}, we are granting Loretto home with an emergency discharge for inappropriate behavior and endangering staff. We do not feel that this would be an adverse effect on your health needs'. There is no further documentation as to what the immediate threat was and/or how the behavior was endangering staff or other residents. Per a letter dated 02/20/12, drafted by the former Administrator it states, " [the resident] started exhibiting some behavioral problems dealing with alcohol consumption in July of 2011. I contacted the Adult Protective Agency to see if there might be grounds for an emergency discharge and was told that the circumstance did not meet the criteria but to see if something could be worked out with [the] doctor." Per record review a progress note dated 06/17/11 states "...at the 1 AM bed check: resident returned, has been drinking alcohol, no problems." Per review of the assessment, nursing notes and/or care plan there were no indications of dangerous behaviors or moods. Per interview on on 04/17/12 at 9:45 AM nursing staff stated that the resident came back after drinking and that an evening staff member was uncomfortable with the situation, and called the	R116		

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R116	Continued From page 3 DON. When asked if there was threatening or dangerous behaviors noted prior to this incident the nursing staff stated, "no, but s/he did drink which could be a problem". There was no plan of care for the residents drinking behaviors to direct the staff in interventions to take in that situation. Per interview on 04/17/12 at 5:00 PM the Administrator confirmed that this was an improper emergency transfer. The DON was not available for interview.	R116		
R129 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.d A home certified to provide assistive community care services (ACCS) shall designate a staff person responsible for case management, who shall provide at least the following case management services: maintenance and implementation of a current assessment and plan of care, and coordination of available community services. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to have the designated staff person coordinate with the area assistive community care services (ACCS) case manager for maintenance and implementation of a current assessment, plan of care and available community services for 1 applicable ACCS resident. (Resident # 1) Findings include: 1. Per record review on 04/17/12, Resident #1 who was admitted to the enhanced resident care service plan for ACCS on 06/01/11, had a	R129	**R129** **The situation with Resident #1 regarding coordination with ACCS Case Manager as well as the VNA has been reviewed with the DON 5/4/12.** **In the future the Administrator of the Loretto Home will insure that the DON coordinates with the ACCS/ERC Case Manager for maintenance and implementation of a current assessment, plan of care, and evaluation for need of available community services. Upon a change of condition, the resident's care plan will be amended to reflect accurately any changes in a resident's condition.** **Effective 6/1/12 the DON will insure that the ACCS/ERC Case Manager is listed on the Face Sheet, the clinical assessment and on the care plan in an effort to both**	

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R129	Continued From page 4 significant change in health condition beginning January 2012. The resident's condition had deteriorated to not eating, lethargy and family members were requesting possible Hospice services. The area visiting nurses (VNA) , who provided the long term care assessment and case management was not notified by the home to provide a new assessment, changes to the plan of care or for possible Hospice services. Per interview on 04/17/12 at 9:45 AM nursing staff stated that the DON is the person responsible for coordination with the VNA. Per interview on 04/18/12 at 2:00 PM the DON (director of nursing), who is the person identified as to coordinate with ACCS's case manager (VNA), stated that the resident was, 'exceeding the level of care that could be given at the home'. When asked if the ACCS's case manager (VNA) was notified about the change in condition, re-assessment with care planning or if the possibility of additional community services or Hospice referral, the DON confirmed that s/he thought that the home "would need a wavier" and did not coordinate or consult with the VNA.	R129	**inform staff and document the coordination of care.**	
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the	R145	**R145** **The incident regarding resident #2 after an MD appointment at a Community Health Center with comments regarding mood and behavior, has been reviewed by the Administrator with the DON on 5/18/12.** **The Loretto Home DON will review post appointment physician orders, assess the**	

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R145	Continued From page 5 nurse failed to oversee the development of a written plan of care to reflect specific care needs and monitoring of health conditions for 1 applicable resident (Resident #2) Findings include: 1. Per record review on 04/17/12 Resident #2 was not assessed nor had a care plan for mood disorder or behaviors. Per a Community Health Center note dated 02/02/11 states 'diagnosis, 'major depression, mood disorder, social/behavior limitations; significant mood disorder impairs patient's ability to function reliably, interaction difficult'.The care plan dated 11/04/10 contained 3 areas of identified needs regarding depression, insomnia and a dog bite. There was no care plan nor interventions related to mood or behaviors. Per interview on 04/18/12 at 2:00 PM the DON confirmed there was no care plan which would describe the care and services necessary to assist the resident to maintain a sense of well-being for mood or behaviors.	R145	**patient, and update the written plan of care to reflect specific care needs with appropriate interventions/diagnosis. Effective 4/30/12 the Loretto Home hired an additional part-time RN to assess and review resident plans of care updating them as necessary to assist the residents in maintaining independence and a sense of well-being.**	
R168 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (6) Insulin. Staff other than a nurse may administer insulin injections only when: i. The diabetic resident's condition and medication regimen is considered stable by the registered nurse who is responsible for delegating the administration; and	R168	**5R168** **The incident regarding the DON's failure to monitor resident #1's diabetic flowchart has been reviewed with the DON on 5/18/12.** **An in-service regarding the proper administration of insulin including education regarding the notification of the registered nurse of a resident's change in condition, parameters of blood sugars, and signs and symptoms of safe insulin administration will be conducted by 6/27/12. Proof of this education will be**	

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R168	Continued From page 6 ii. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return demonstration, and the registered nurse has deemed them competent and documented that assessment; and iii. The registered nurse monitors the resident's condition regularly and is available when changes in condition or medication might occur. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to notify the registered nurse of a resident's change in condition, failed to assure that designated staff had training in insulin administration and the registered nurse failed to monitor 1 applicable resident who required insulin (Resident #1). Findings include: 1. Based on record review on 04/18/12, there was no evidence that the registered nurse (RN)was notified on 12/17/11 of Resident #1's low blood sugar (BS) of 47. In addition, there is no evidence that the RN monitored the Diabetic Flow Chart or that the staff had sufficient training in insulin safety. Per review of the licensed nursing assistant (LNA) note of 12/17/11, [6 AM-2:30 PM shift] states, "resident had very low BS 47 at 7:30 am, 59, 84 out to breakfast at 8:15". Per review of the 12/17/11 MAR [medication administration record], 24 units of Insulin (Lantus-100 unit/ml) was given between 6:00- 7:00 AM. The Diabetic Flow Chart for the month of November & December 2011 and January 2012 had missing blood sugars on 11/21/11, 12/17/12, 01/03/12, 01/11/12 and 01/13/12.	R168	**documented in employee records.** **By 6/27/12 parameters for safe insulin administration will be clearly stated on each insulin dependent diabetic flowchart as to when the RN must be notified. The nurse will monitor the insulin dependent residents' diabetic flowchart on a weekly basis.**	

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R168	Continued From page 7 Per review of the training record for staff delegation for medication administration on 04/27/10 the LNA med tech was noted to have for training only a return demonstration. There was no evidence that the LNA med tech had received additional education regarding the parameters or signs and symptoms of safe insulin administration. Per interview on 04/18/12 at 2:00 PM the Director of Nursing (DON) confirmed that s/he was not contacted regarding the low blood sugar, "although I should have, or the charge nurse (notified) being that low"... and "the insulin should not have been given at that time". The DON stated that the charge nurse (a licensed practical nurse) is the person responsible to look at the Diabetic Flow Chart and confirmed that s/he did not monitor resident #1's Diabetic Flow Chart. The DON also confirmed that although the LNA med tech demonstrated proper insulin administration technique on 04/27/10, the DON was unable to show evidence that the LNA med tech had had insulin education.	R168		
R253 SS=E	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.c All food service equipment shall be kept clean and maintained according to manufacturer's guidelines This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to maintain, according to manufacturers recommendation, the hot water rinse for the dishwasher at 180-degrees or greater. Findings include:	R253	**R253** **The Loretto Home will maintain, according to manufacturer's recommendation, hot water rinse for the dishwater @180 degrees or greater.** **On April 17, 2012 the use of paper products was instituted immediately until a dishwasher rinse @ 180 degrees was maintained on April 26, 2012.** **Effective April 26, 2012 a new hot water system (booster pack) was put into the**	

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R253	Continued From page 8 1. Per observations during the kitchen tour on 04/17/12 at 4:30 PM the dishwasher rinse cycle was noted to be 167 degrees. The nurse surveyor then asked to re-run the dishwasher rinse cycle which the second rinse water temperature was 169 degrees. When the nurse surveyor asked the kitchen staff what the rinse temperature is suppose to be, the staff member stated "that it usually averages out be about mid-170 degrees". Per review of the dishwasher wash and rinse temperature sheet for the time period between 02/16/12 and 04/17/12, there was only 3 days out of the 2 month period that the rinse temperatures was at 180 degrees or hotter. Per interview later that evening, the Dietary Manager stated that the hot water rinse cycle should be '180 degrees or more.' Per telephone call to the manufacturer on the morning of 04/18/12, it was confirmed that the rinse cycle should be 180 degrees or better and that this dishwasher did not use a chemical rinse. The dietary manager confirmed on 04/18/12 at 10:30 AM the rinse temperature were not at 180 degrees or hotter, and that the booster pack was adjusted so that the rinse cycle is currently at 180 degrees and that a new temperature sheet will state the expected water temperatures.	R253	**Loretto Home kitchen where the hot water rinse for the dishwasher consistently exceeds 180 degrees or greater. In addition on 4/26/12 a new temperature log indicating that should the water temperature be recorded below 180 degrees, 'the Maintenance Department is to be notified immediately' was put in place. (see attached)**	
R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observations during a physical tour of	R266	**266** **The Loretto Home will maintain a safe, functional, sanitary, homelike and comfortable environment.** **On April 30th, 2012 the following repairs have been completed in the First Floor Annex Bath Room/Shower Room:**	

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R266	Continued From page 9 the facility and staff interview, the home failed to provide a safe, functional, sanitary, homelike and comfortable environment. Findings include: Per observation during the initial tour conducted between 10:30 and 11:00 A.M. on 4/17/12 with the nurse and on 4/18/12 during a tour with the maintenance director, the following were observed: 1. In the Annex bathroom on the first floor there were floor tiles missing in one of the toilet stalls. The caulking around the resident's bathtub appeared to be rusty and the majority of the ceiling tiles above the bathtub had water marks from a prior water leak. 2. In the Annex bathroom on the second floor there was a hole on the tile floor near the bathtub, the grouting around the tub was rusty and the tub wall needed repair (s) were it had been patched on a prior occasion. Above the tub the majority of ceiling tiles were stained from a prior water leak. The radiators along the wall of the bathroom had edges that were bent and jagged. The above observations were confirmed by the maintenance supervisor on 4/18/12 at 9:50 A.M. during an environmental tour.	R266	• **The ceiling tiles have all been replaced** • **Floor tiles were replaced in the toilet stall** • **The bath tub has been caulked and painted** • **Renovation of this bathroom is slated on the 2012 2013 Capital Plan** **On May 2nd, 2012 the following repairs have been completed in the Second Floor Annex Bath Room/Shower Room:** • **The ceiling times above the tub have all been replaced.** • **Hole in the tile floor near the bath tub has been repaired** • **The grout around the tub has been cleaned and repaired** • **The bent and jagged edges along the radiator have been repaired.** • **Renovation of this bathroom is slated on the 2012-2013 Capital Plan**	
R302 SS=F	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed	R302	**R 302 9.11** **The Loretto Home will conduct Fire Drills on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening and night shifts.**	

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R302	Continued From page 10 periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to have evidence that fire drills had been conducted on the night shift. Findings include: Per review of the maintenance director's fire drill log, although fire drills were being conducted on the day and evening shifts, there were no fire drills held on the 3rd shift (11 P.M. to 7 A.M.) This was confirmed on 4/18/12 at 9:50 A.M. by the maintenance supervisor.	R302	**By June 30th, 2012 a third shift (11p-6a) Fire Drill will be conducted by the Director of Maintenance or Administrator, and then be conducted at least annually thereafter as evidenced by the documentation on the Fire Alarm/Fire Drill testing log.** R116, R129, R145, R168, R253, R266, R302 POC's accepted 5/20/12 DChittendenRN/PMcotaRN	